FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	122624
A. BASIC IDENTIFICATION DATA	10.00
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
HYDROFLIGHT FOIL SYSTEMS LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
24 MAIN STREET, WENHAM MASSACHUSETTS 01984	978-468-7749
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
SAME AS ABOVE	SAME AS ABOVE
Brief Description of Business DESIGN, BUILD AND MAINTAIN PATENTED HYDROFOIL SYSTEM ON ALL MANNER O	F WATERCRAFT PROCESSED
Type of Business Organization organization imited partnership, already formed other (business trust limited partnership, to be formed	please specify): JC MAY 0 8 2007
Actual or Estimated Date of Incorporation or Organization: Month Year 2002 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (77d(6)).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	. A notice is deemed filed with the U.S. Securities elow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repothereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	rt the name of the issuer and offering, any changes ied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for st ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	securities Administrator in each state where sales rethe exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal example appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) COLES, CHARLES F., SR.
Business or Residence Address (Number and Street, City, State, Zip Code) 24 MAIN STREET, WENHAM MASSACHUSETTS 01984
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
COLES, CHARLES F., JR.
Business or Residence Address (Number and Street, City, State, Zip Code) 24 MAIN STREET, WENHAM MASSACHUSETTS 01984
Check Box(es) that Apply: N Promoter N Beneficial Owner N Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) COLES, NICOLE
Business or Residence Address (Number and Street, City, State, Zip Code) 24 MAIN STREET, WENHAM MASSACHUSETTS 01984
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) BREWER, MERCEDES TRAVIS
Business or Residence Address (Number and Street, City, State, Zip Code) 11111 BISCAYNE BOULEVARD, III-858, NORTH MIAMI FLORIDA 33181
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)
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					B. I	NFORMAT	ION ABOU	T OFFER	ING				
1.	Uac the	issuer sold	d or does t	he icener i	ntend to se	t) to non-s	ccredited	investors i	n this offer	ing?		Yes	No []
١,	mas the	133001 3010	ı, oı qoça ıı			a Appendix					•••••••	<u>(e.</u>	딦
2.	What is	the minim	ıum investn					_				s 50	,00,000,
۷.	Wilatis	riie mimim	imil macsin	iciit iiiat v	VIII DC ACCE	pica mom	any many				**************	Yes	No
3.											•••••		Ö
4.	Enter th	c informat	tion request	ted for eac	h person v	vho has be	en or will l	be paid or	given, dire	etly or ind	lirectly, any the offering.		
	If a pers	sion or sim on to be lis	itar remune ited is an as:	ration for s sociated pe	crson or ag	ent of a bro	ker or deale	ection with er registere	d with the S	SEC and/or	with a state		
	or states	s, list the na	ame of the b	roker or d	ealer. If m	ore than fiv	e (5) perso	ns to be lis	ted are asso	ciated per	sons of such		
<u> </u>			you may s		e intormat			deater out	y.				
			first, if ind		LICENSI	ED BROKE	ER DEALE	RS					
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State.	Zip Code)						
No	no of Ass	anisted D	roker or De	olar.									
Man	me or Ass	SOCIATED DI	IUKEI UI DE	aici									
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intenda	to Solicit	Purchasers	;					
	(Check	"All States	s" or check	individua	l States)	••••••	•••	••••••			•••••••	□ A.	Il States
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	RI	SC	SD	TN	TX	UT	VT	VA	WA	$[\overline{\mathbf{w}}\overline{\mathbf{v}}]$	<u>[wī]</u>	WY	PR
Ful	l Name (l	Last name	first, if ind	ividual)				·					· · · · · · · · · · · · · · · · · · ·
Bus	siness or	Residence	Address (i	Number an	id Street, C	ity, State,	Zip Code)	- <u>-</u>					
<u></u>		1.15											·
Nai	me of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	·			 ,		_
	(Check	"Ail States	or check	individual	States)			••••••				□ A1	l States
	[AL]	ĀK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	(ID)
			[A]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NI	NM	NY	NC	ND	OH	OK.	OR	PA
	RI	[SC]	SD	TN	TX	UT	VT)	VA	WA	$\overline{\mathbf{w}}\mathbf{v}$	WI	$\overline{\mathbf{W}}\mathbf{Y}$	PR
Ful	Name (I	ast name	first, if indi	vidual)									
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Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, I	Zip Code)						
Nar	ne of Ass	ociated Br	oker or Dea	ıler			·						
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		***************************************			••••••	••••••	□ AI	l States
	AL.	AK	AZ	AR	CA	CO	CT	DE	(DC)	FL	(GA)	HI	[ID]
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	MT	NE	NV	NH	N	NM	NY	NC	ND	OH)		OR	PA
	RI	SC	SD	TN	TX	UT	VT	\overline{VA}	\overline{WA}	[WV]	<u>[WI]</u>	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity 20 MEMBERSHIP UNITS IN LLC	1,100,000.00	\$ 0.00
	Common Preferred		·
	Convertible Securities (including warrants)	S	s
	Partnership Interests	3	
	Other (Specify)		
	Total	1,100,000.00	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$_0.00
	Non-accredited Investors	0	s_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		s
	Total		s_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees	······ <u>Ž</u>	§ 250.00
	Accounting Fees	. ,	s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s 100,000.00
	Other Expenses (identify)	_	s
	Total		s 100,250.00

Salaric Purcha and eq Consu Acquis offerin issuer Repay Worki Other	te below the amount of the adjusted gross profit the purposes shown. If the amount for an the box to the left of the estimate. The total of eds to the issuer set forth in response to Particles and fees ase of real estate	ry purpose is not known, furnish an esting the payments listed must equal the adjusted to — Question 4.b above. Chinery Cilities Lue of securities involved in this ets or securities of another		\$ \$_580,640.00 \$ \$ \$	\$ \$ \$ \$
Purcha Aud eq Constr Acquis offerin issuer Repay Worki Other	ase of real estate	chinery cilities		Officers, Directors, & Affiliates \$ 180,037.00 \$ \$ 580,640.00 \$ \$ \$ \$ \$	Others \$
Purcha Aud eq Constr Acquis offerin issuer Repay Worki Other	ase of real estate	chinery cilities		\$ \$_580,640.00 \$ \$ \$	s s s
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and eq Constr Acquis offerin issuer Repay Worki Other and of	ruction or leasing of plant buildings and factoric for the formula of the rusinesses (including the value of that may be used in exchange for the assepursuant to a merger) ment of indebtedness ng capital (specify): marketing and printing, patents	cilities		s s s	S
Consu Acquisofferin issuer Repay Worki Other and of	ruction or leasing of plant buildings and fac sition of other businesses (including the val ing that may be used in exchange for the asse pursuant to a merger) ment of indebtedness ng capital (specify): marketing and printing, patents	cilities		s s s	S
Acquisoffering issuer Repay Worki Other	sition of other businesses (including the value of that may be used in exchange for the assorting pursuant to a merger) ment of indebtedness ng capital (specify): marketing and printing, patents	lue of securities involved in this ets or securities of another		\$ \$ \$	
Repay Worki Other and o	ment of indebtedness ng capital			s	
Worki Other and of	ng capital			s	
Other and of	(specify): marketing and printing, patents	s and licenses, professional feees, rent	·····	3	IN 3
and or	ther expenses	• •	-	•	No 83 287 00
		·	LJ	•	[A] 00,201.00
Colum				t.	
Colum			_		
	nn Totals			\$ 760,677.00	\$ 239,073.00
Total !	Payments Listed (column totals added)			□ \$_999	9,750.00
		D. FEDERAL SIGNATURE			
signature co	nas duly caused this notice to be signed by the constitutes an undertaking by the issuer to fur ation furnished by the issuer to any non-acci	mish to the U.S. Securities and Exchange	Commissio	on, upon written	
·-	nt or Type) LIGHT FOIL SYSTEMS LLC	Signature Full	Da Mi	te A P 11 aich 20, 2007	
Name of Si	gner (Print or Type)	Title of Signer (Print or Type)	,		
Chares F. C	Coles, Sr.	President			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE						
1.	* * -	62 presently subject to any of the disqualification Yes No						
		See Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertak D (17 CFR 239.500) at such times as r	es to furnish to any state administrator of any state in which this notice is filed a notice on Form equired by state law.						
3.	The undersigned issuer hereby underta issuer to offerees.	tes to furnish to the state administrators, upon written request, information furnished by the						
4.	limited Offering Exemption (ULOE) of	the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform the state in which this notice is filed and understands that the issuer claiming the availability ablishing that these conditions have been satisfied.						
	uer has read this notification and knows the thorized person.	contents to be true and has duly caused this notice to be signed on its behalf by the undersigned						
`	Print or Type)	Signature Date APRIL Merchi 20, 2007						
HYDRO	OFLIGHT FOIL SYSTEMS LLC	Marti 20, 2007						
Name (Print or Type)	Title (Print or Type)						
Chares	F. Coles, Sr.	President						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PPENDIX		-			
1	Intend to non-a investor	2	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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				APP	ENDIX					
1	Intend to non-a investor	2 d to sell accredited rs in State 8-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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1		2	3			4		5	<u> </u>
	to non-a	d to sell accredited rs in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes explan waiver	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

END